Chapter 4.5 Division of Workers' Compensation Subchapter 1.8 Administrative Director – Administrative Rules Collective Bargaining Agreements Under Labor Code Section 3201.5 and 3201.7

Section 10200 – Definitions.

As used in this subchapter:

- (a) "Employee" means an employee covered under either:
 - (1) A provision of a collective bargaining agreement recognized by the Administrative Director pursuant to Labor Code section 3201.5; or
 - (2) A labor-management agreement recognized by the Administrative Director pursuant to Labor Code section 3201.7.
- (b) "Employer" means either:
 - (1) For the purpose of Labor Code section 3201.5, a private employer or group of employers actually engaged in construction, construction maintenance, or activities limited to rock, sand, gravel, cement and asphalt operations, heavy-duty mechanics, surveying, and construction inspection in California. A public entity may be a member of a group of employers.
 - (2) For the purpose of Labor Code section 3201.7., a private employer, group of employers, or a city or county that is self-insured in compliance with Labor Code section 3700.
- (c) "Labor-management agreement" under Labor Code section 3201.7 (or 3201.7 provision) means a provision, clause, addendum, or other section of a collective bargaining agreement that establishes or would establish any program permitted under Labor Code section 3201.7 (a). Such a program shall be maintained solely for the purpose of complying with the requirements of Division 4 the Labor Code and shall be administered separately from any other employee benefit plan.
- (d) "Provision of a collective bargaining agreement" under Labor Code section 3201.5 (or "3201.5 provision") means a provision, clause, addendum, or other section of a collective bargaining agreement that establishes or would establish any program permitted under Labor Code section 3201.5 (a). Such a program shall be maintained solely for the

- purpose of complying with the requirements of Division 4 the Labor Code and shall be administered separately from any other employee benefit plan.
- (e) "Union" means a bona fide labor organization that is the recognized or certified exclusive bargaining representative of the employees of an employer. A labor organization is bona fide under this regulation if:
 - (1) it actually represents employees in California as to wages, hours, and working conditions:
 - (2) its officers have been elected by secret ballot or otherwise in a manner consistent with federal law, and
 - it is free of domination or interference by any employer and has received no improper assistance or support from any employer.

Authority: Sections 133, 3201.5, and 5307.3, Labor Code. Reference: Sections 3201.5 and 3201.7, Labor Code.

Section 10201 – Procedure for Determining Eligibility under Labor Code section 3201.5.

- (a) Every employer and union proposing to establish any program permitted by Labor Code section 3201.5 shall jointly request the Administrative Director to determine eligibility, as follows:
 - (1) Employers shall submit the following documents:
 - (A) Upon its original application and whenever it is renegotiated thereafter, a copy of the underlying collective bargaining agreement and the approximate number of employees who will be covered thereby. The collective bargaining agreement shall be complete, including side letters and all appendices and other documents referred to in the agreement that relate to the program permitted by Labor Code section 3201.5, including but not limited to trust agreements and agreements concerning providers. If the application is on behalf of a group of employers, the application shall clearly define the group and shall state whether all the members of the group are bound by the 3201.5 provision, or whether each member must individually agree to be bound.
 - (B) Upon its original application and annually thereafter, evidence of a valid and active license where that license is required by law as a condition of doing business in the state within the industries set forth in subdivision (a) of Section 3201.5.
 - (C) Upon its original application and annually thereafter, a statement signed under penalty of perjury, that no action has been taken by any administrative agency or court of the United States to invalidate the collective bargaining agreement.
 - (D) Upon its original application and annually thereafter, the name, address, and telephone number of the contact person of the employer.
 - (E) Upon its original application and annually thereafter, evidence that the employer is actually engaged in construction, construction maintenance, or activities limited to rock, sand, gravel, cement and asphalt operations, heavy- duty mechanics, surveying, or construction inspection in California, or has a plan for immediate engagement in one of those businesses.
 - (F) Upon its original application and annually thereafter, evidence that the employer:
 - (1) is developing or projecting an annual workers' compensation insurance premium, in California, of two hundred fifty thousand dollars (\$250,000) or more, or has paid an annual workers' compensation insurance premium, in California, of two hundred fifty thousand dollars (\$250,000) in at least one of the previous three years; or

- (2) is a group of employers engaged in a workers' compensation safety group complying with Sections 11656.6 and 11656.7 of the Insurance Code, and established pursuant to a joint labor management safety committee or committees, which develops or projects annual workers' compensation insurance premiums of two million dollars (\$2,000,000) or more; or
- is an employer or group of employers that is self-insured in compliance with Section 3700 that has projected annual workers' compensation costs that meet the requirements of, and that meet the other requirements of, paragraph (1) in the case of employers, or paragraph (2) in the case of groups of employers; or
- (4) is an employer, who is properly signatory to a project agreement, and is covered by an owner or general contractor provided wrap-up insurance policy applicable to a single construction site that develops workers' compensation insurance premiums of two million dollars (\$2,000,000) or more with respect to those employees covered by that wrap-up insurance policy.

Every member of a group of employers must maintain separately administered workers' compensation insurance or a self-insurance program distinct from all other types of insurance. Every member must maintain this insurance or self- insurance in one of the ways enumerated in Labor Code section 3700; but it is not necessary that all members maintain insurance or a self-insurance program in the same way. Every member must meet one of the minimum premium or cost requirements listed in paragraphs (1) through (4) above.

- (G) Upon its original application and annually thereafter a statement that it is able and willing to supply the data required by Labor Code section 3201.5(i).
- (H) If the application is on behalf of a group of employers, evidence that:
 - (1) membership in the group is limited to employers that meet all the criteria of Labor Code section 3201.5 and these regulations;
 - (2) the group shall, on behalf of its individual members, provide the data required by Labor Code section 3201.5(i);
 - (3) the group shall maintain records of its membership satisfactory to the Administrative Director for the purpose of readily ascertaining the facts required by Section 10202(c). Membership records shall include evidence of security for the payment of compensation for each member, including the insurance policy number, or a copy of the certificate of self-insurance issued pursuant to Labor Code section 3700. Membership records shall also include the approximate number of employees for each individual

member of the group who is bound by the collective bargaining agreement. Copies of membership records shall be delivered to the Administrative Director on request.

- (2) Unions shall submit the following documents:
- (A) Upon its original application and annually thereafter, a copy of its most recent LM-2 or LM-3 filing with the United States Department of Labor, along with a statement, signed under penalty of perjury, that the document is a true and correct copy.
- (B) Upon its original application and annually thereafter, the name, address, and telephone number of the contact person or persons of the collective bargaining representative or representatives.
- (C) Upon its original application and annually thereafter evidence that the union is a bona fide labor organization in that:
 - (1) it actually represents employees engaged in construction, construction maintenance, or activities limited to rock, sand, gravel, cement and asphalt operations, heavy- duty mechanics, surveying, or construction inspection in California as to wages, hours and working conditions,
 - (2) its officers have been elected by secret ballot or otherwise in a manner consistent with federal law, and
 - it is free of domination or interference of any employer and has received no improper assistance or support from any employer.

It will be presumed that a union is bona fide if for a period of five years it has actually entered into collective bargaining agreements with employers in California and has filed all appropriate reports with the United States Department of Labor in that period. If a union is not presumed to be bona fide, it shall present evidence satisfactory to the Administrative Director that it meets the criteria of a bona fide labor organization.

- (3) Any person may submit documents to the Administrative Director that bear on the eligibility of an applicant. Copies of all such documents received shall be sent to the applicants for comment.
- (b) [Reserved for regulation relating to confidentiality]
- (c) Issuance of a Letter of Eligibility

Within 30 days after receiving an application, the Administrative Director shall notify the applicants that the application is complete or shall specify what further information is

needed to complete the application. Within 30 days after the time an application is completed, the Administrative Director shall either (1) issue a letter of eligibility, or (2) deny eligibility. If eligibility is denied, the Administrative Director shall inform the parties of the reasons therefor. For good cause and upon written notice to the applicants, the Administrative Director may extend the periods of notification for an additional 30 days.

(d) Period of Eligibility

The letter of eligibility shall state the beginning date of eligibility, which shall be no earlier than 15 days before the parties submitted their request to the Administrative Director under this section. A letter of eligibility shall remain valid for the same period as the 3201.5 provision of the collective bargaining agreement, but no longer then three years from the date of issuance of the letter. Upon the effective date of this regulation, the Administrative Director shall re-issue letters of eligibility to parties which have already received them.

(e) Effect of a Letter of Eligibility

- (1) A letter of eligibility is a determination by the Administrative Director that the parties meet the eligibility requirements of Labor Code section 3201.5. A letter of eligibility is not a determination by the Administrative Director that the collective bargaining agreement or any part of it is in compliance with Labor Code section 3201.5.
- (2) A 3201.5 provision is valid and binding only if there was a letter of eligibility in effect at the time of injury.
- (3) A letter of eligibility issued to a group of employers shall be valid as to an individual member of the group if all the following facts are established as of the time the provision is alleged to be in effect and at the time of injury:
 - (A) the group of employers possessed a current letter of eligibility;
 - (B) the individual employer was a member of the group;
 - (C) the individual employer had signed the 3201.5 provision;
 - (D) the individual employer was actually engaged in construction, construction maintenance, or activities limited to rock, sand, gravel, cement and asphalt operations, heavy-duty mechanics, surveying, or construction inspection in California and possesses a valid and active license as required by Labor Code section 3201.5(a); and
 - (E) the individual employer was is compliance with Labor Code section 3201.5(c).

(f) Renewal of Eligibility

- (1) At least 30 days prior to the expiration of the letter of eligibility, the parties shall submit to the Administrative Director updated copies of the documents and other evidence required by subdivision (a) of this Section. However, if certain documents and other evidence are completely unchanged since the submission of the previous annual report required by Section 10204, the party responsible for submitting the updates may instead submit a statement under penalty of perjury that there has been no change in the document or evidence since the previous annual report. The Administrative Director may nonetheless require any party to submit the actual documents or evidence.
- Within 30 days after receiving the information required under subdivision (f)(1), the Administrative Director shall either: (1) renew the letter of eligibility for the same period of time set forth in subdivision (d); or (2) deny eligibility. If eligibility is denied, the Administrative Director shall inform the parties of the reasons therefor.
- (g) All insurers, self-insured employers, and third party administrators who adjust claims subject to a Section 3201.5 provision shall comply with the applicable provisions of Section 138.4 of the Labor Code and shall comply with the administrative regulations contained in Title 8, Cal. Code Regs., Division 1, Chapter 4.5:
 - (1) Subchapter 1: Article 1.1, commencing with Section 9700; Article 5, commencing with Section 9780; Article 6, commencing with Section 9796; Article 8, commencing with Section 9810; Article 8.5, commencing with Section 9880; Article 10, commencing with Section 9900;
 - (2) Subchapter 1.5: Article 1, commencing with Section 10100; Article 2, commencing with Section 10101; Article 3, commencing with Section 10105; Article 4, commencing with Section 10110; Article 5, commencing with Section 10111; Article 6, commencing with Section 10113; Article 7, commencing with Section 10115; Article 6, commencing with Section 10116; Article 7, commencing with Section 10122; and,
 - (3) Subchapter 1.6, commencing with Section 10150.

Authority: Sections 133, 3201.5, and 5307.3, Labor Code.

Reference: Section 3201.5, Labor Code.

Section 10202 – Procedure for Recognizing Labor-Management Agreements under Labor Code section 3201.7.

- (a) Any union in an industry not covered by Labor Code section 3201.5 who seeks to negotiate a 3201.7 provision with an employer shall file a petition with the Administrative Director, verified under penalty of perjury, on the "Petition for Permission to Negotiate a Section 3201.7 Labor-Management Agreement" form (DWC Form RGS-1), contained in Section 10202.1. A proof of service by mail declaration shall be attached to the petition indicating that the complete petition, including all attachments, were served on the employer, or group of employers.
- (b) Within 10 days after receiving a petition, the Administrative Director shall notify the union that the petition is complete or shall specify what further information is needed to complete the petition. Within 30 days after the time the petition is completed, the Administrative Director shall either (1) issue to the union and employer, or group of employers, a letter of eligibility to negotiate a 3201.7 provision, or (2) deny the petition. If the petition is denied, the Administrative Director shall inform the union of the reasons therefor. For good cause and upon written notice to the union, the Administrative Director may extend the periods of notification for an additional 30 days.
- (c) The letter of eligibility to negotiate shall remain valid for a period not to exceed one year from the date of issuance. Upon joint request by the union and the employer, or group of employers, an additional one year period to negotiate a 3201.7 agreement shall be granted.
- (d) Upon receipt of the letter of eligibility to negotiate, the union and employer, or group of employers, may negotiate a 3201.7 provision. A negotiated and signed 3201.7 provision between a union and employer, or group of employers, will be recognized by the Department of Industrial Relations as valid and binding upon application by the parties to the Administrative Director.
 - (1) The employer, or group of employers, shall submit the following documents with the application:
 - (A) Upon its original application and whenever it is renegotiated thereafter, a copy of the 3201.7 provision, and the approximate number of employees who will be covered thereby. If the application is on behalf of a group of employers, the application shall clearly define the group and shall state whether all the members of the group are bound by the 3201.7 provision, or whether each member must individually agree to be bound.
 - (B) Upon its original application and annually thereafter, a statement signed under penalty of perjury, that no action has been taken by any administrative agency or court of the United States to invalidate the collective bargaining agreement.

- (C) Upon its original application and annually thereafter, the name, address, and telephone number of the contact person of the employer, or group of employers.
- (D) Upon its original application and annually thereafter, evidence of a valid and active license where that license is required by law as a condition of doing business in the state.
- (E) Upon its original application and annually thereafter, evidence that the employer:
 - (1) is developing or projecting an annual workers' compensation insurance premium, in California, of fifty thousand dollars (\$50,000) or more, and employing at least fifty (50) employees, or has paid an annual workers' compensation insurance premium, in California, of fifty thousand dollars (\$50,000), and employing at least fifty (50) employees in at least one of the previous three years; or
 - (3) is a group of employers engaged in a workers' compensation safety group complying with Sections 11656.6 and 11656.7 of the Insurance Code, and established pursuant to a joint labor management safety committee or committees, that develops or projects annual workers' compensation insurance premiums of five hundred thousand dollars (\$500,000) or more; or
 - is an employer or group of employers, including cities and counties, that is self-insured in compliance with Labor Code section 3700 that has projected annual workers' compensation costs that meet the requirements of, and that meet the other requirements of, paragraph (1) in the case of employers, or paragraph (2) in the case of groups of employers.
- (F) Upon its original application and annually thereafter a statement that it is able and willing to supply the data required by Labor Code section 3201.7(h).
- (G) If the application is on behalf of a group of employers, evidence that:
 - (1) membership in the group is limited to employers that meet all the criteria of Labor Code section 3201.7 and these regulations;
 - the group shall, on behalf of its individual members, provide the data required by Labor Code section 3201.7(h);
 - (3) the group shall maintain records of its membership satisfactory to the Administrative Director for the purpose of readily ascertaining the facts required by subdivision (h) of the section. Membership records shall include evidence of security for the payment of compensation for each member, including the insurance policy number, or a copy of the certificate of self-insurance issued pursuant to Labor Code section 3700.

Membership records shall also include the approximate number of employees for each individual member of the group who is bound by the collective bargaining agreement. Copies of membership records shall be delivered to the Administrative Director on request.

- (2) Unions shall submit the following documents with the application:
- (A) Upon its original application and annually thereafter, a copy of its most recent LM-2 or LM-3 filing with the United States Department of Labor, along with a statement, signed under penalty of perjury, that the document is a true and correct copy.
- (B) Upon its original application and annually thereafter, the name, address, and telephone number of the contact person or persons of the collective bargaining representative or representatives.
- (e) Every member of a group of employers must maintain separately administered workers' compensation insurance or a self-insurance program distinct from all other types of insurance. Every member must maintain this insurance or self-insurance in one of the ways enumerated in Labor Code section 3700; but it is not necessary that all members maintain insurance or a self-insurance program in the same way. Every member must meet one of the minimum premium or cost requirements listed above in subdivision (d)(1)(E), paragraphs (1) through (3).
- (f) Any person may submit documents to the Administrative Director that bear on the application of the union and employer, or group of employers. Copies of all such documents received shall be sent to the union and employer, or group of employers, for comment.
- (g) Within 30 days after receiving the application, the Administrative Director shall notify the union and employer, or group of employers, that the application is complete or shall specify what further information is needed to complete the application. Within 30 days after the time the application is completed, the Administrative Director shall either (1) issue to the union and employer, or group of employers, a letter recognizing the 3201.7 provision, or (2) deny the application. If the application is denied, the Administrative Director shall inform the union and employer, or group of employers, of the reasons therefor. For good cause and upon written notice to the union and employer, or group of employers, the Administrative Director may extend the periods of notification for an additional 30 days.
- (h) The recognition of the Section 3201.7 provision is a determination by the Administrative Director that the parties meet the eligibility requirements of Labor Code section 3201.7. Recognition is not a determination by the Administrative Director that the 3201.7 agreement, or any part of it, is in compliance with Labor Code section 3201.7.

- (1) A 3201.7 provision is valid and binding only if there was a complete application filed with the Administrative Director at the time of injury.
- (2) A 3201.7 provision negotiated and signed by a group of employers shall be valid as to an individual member of the group if all the following facts are established as of the time the provision is alleged to be in effect and at the time of injury:
 - (A) the group of employers has a complete application filed with the Administrative Director;
 - (B) the individual employer was a member of the group;
 - (C) the individual employer had signed the 3201.7 provision;
 - (E) the individual employer was is compliance with Labor Code section 3201.7(c).
- (i) All insurers, self-insured employers, and third party administrators who adjust claims subject to a Section 3201.7 provision shall comply with the applicable provisions of Section 138.4 of the Labor Code and the administrative regulations contained in Title 8, Cal. Code Regs., Division 1, Chapter 4.5:
 - (1) Subchapter 1: Article 1.1, commencing with Section 9700; Article 5, commencing with Section 9780; Article 6, commencing with Section 9796; Article 8, commencing with Section 9810; Article 8.5, commencing with Section 9880; Article 10, commencing with Section 9900;
 - (2) Subchapter 1.5: Article 1, commencing with Section 10100; Article 2, commencing with Section 10101; Article 3, commencing with Section 10105; Article 4, commencing with Section 10110; Article 5, commencing with Section 10111; Article 6, commencing with Section 10113; Article 7, commencing with Section 10115; Article 6, commencing with Section 10116; Article 7, commencing with Section 10122; and,
 - (3) Subchapter 1.6, commencing with Section 10150.

Authority: Sections 133, and 5307.3, Labor Code.

Reference: Section 3201.7, Labor Code.

Section 10202.1. Petition for Permission to Negotiate a Section 3201.7 Labor-Management Agreement (DWC Form RGS-1).

STATE OF CALIFORNIA Department of Industrial Relations Division of Workers' Compensation Administrative Director Post Office Box 420603 San Francisco, CA 94142-0603 Telephone: (415) 703-4600

Petition for Permission to Negotiate a Section 3201.7 **Labor-Management Agreement**

	Labor Code § 3201.7; Title 8, California Code of Regulations § 10202		
Please submit the following information to the Administrative Director of the Division of Workers' Compensation to obtain a letter advising the below-named union and employer, or group of employers their eligibility to enter into negotiations for the purpose of reaching agreement on a labor-management agreement authorized by Section 3201.7 of the California Labor Code.			
(Print	or Type Name and Addresses)		
1.	Union Information		
Name of Union: Contact Person and Title:			
Principal Address:			
2.	Employer Information (For group of employers, please use separate pages to list all individual employers.)		
Name of Employer: Contact Person and Title:			
Federal Employers Identification Number (FEIN): Principal Business of Employer: Principal Address:			
3	Please describe the bargaining unit or units to be covered by the Section 3201.7 Jahor		

- Please describe the bargaining unit or units to be covered by the Section 3201.7 labor management agreement, and provide the approximate number of employees in the unit(s).
- 4. Please attach proof of the union's status as the exclusive bargaining representative of the employee's in the above-described bargaining unit(s).

DWC Form RGS-1 (012004)

5.	Please attach a copy of the current collective bargaining agreement or agreements in effect between the union and the employer.			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
EXECU	JTED AT , CALIFORNIA ON			
	JTED AT, CALIFORNIA ON(City) (Date)			
BY:	, TITLE: iginal Signature of Union Representative)			
(Or	iginal Signature of Union Representative)			
You must attach a proof of service by mail declaration indicating that the petition and all supporting evidence was mailed to the employer, or for a group of employers, all individual employers.				
DWC Form RGS-1 (012004)				
	rity: Sections 133, and 5307.3, Labor Code. ence: Section 3201.7, Labor Code.			

Section 10203. Reporting Data.

- (a) On or before March 31 of every year, every employer subject to either a 3201.5 or 3201.7 provision shall provide the information specified in subdivision (b) for the previous calendar year. For each claim with a date of injury on or after January 1, 2004, the information reported under subdivision (b)(8) through (16) in the first mandatory reporting year under subdivision (b)(8), shall also be updated annually thereafter for the following three calendar years.
 - (2) To provide the information required in subsection (b), the employer shall either:
 - (A) Provide the information on a form prescribed by the administrative director, either DWC Form GV-1, as set forth in Section 10203.1, or DWC Form GV-2, as set forth in Section 10203.2; or
 - (B) Provide the administrative director with written authorization to collect the information from the appropriate claims administrator. If the administrative director is unable to obtain the information with the written authorization, the employer shall remain responsible for obtaining and submitting the information.
 - (3) Groups of employers shall report the information required by this section on behalf of its members. The information shall be reported as to every individual employer covered by the 3201.5 or 3201.7 provision. Groups shall also report aggregated figures for all employers in the group covered by the 3201.5 or 3201.7 provision.
- (b) The report shall contain the following information:
 - (1) The name of the individual employer and the union.
 - (2) The principal business of the employer.
 - (3) The dates the 3201.5 or 3201.7 provision were in effect during the previous calendar year.
 - (4) The name of the insurer, if any, and the insurance policy number. If self-insured, the name and certificate number of the self-insured employer.
 - (5) The name, address and telephone number of any administrator, ombudsperson, mediator or arbitrator employed in an alternative dispute resolution system.
 - (6) Hours worked by covered employees, reported by trade or craft.

- (7) Payroll in accordance with the rules of the Workers' Compensation Insurance Rating Bureau [WCIRB]. Payroll shall be reported by class code as set by the WCIRB.
- (8) The number of claims filed in the previous calendar year pursuant to Labor Code section 5401. The claims shall be reported in the following categories:
 - A. The number of claims that were medical only. As to those claims, there shall also be a report on the total amount of paid costs and the total amount of incurred costs.
 - B. The number of claims that included a claim for indemnity. As to those claims, there shall also be a report on total amount of paid costs and total amount of incurred costs in each of the following categories: temporary disability, permanent disability, life pensions, death benefits, vocational rehabilitation, medical services, and medical-legal expenses.
- (9) The number of claims filed pursuant to Labor Code section 5401 in the previous calendar year that were resolved and the number that remained unresolved on December 31 of the previous calendar year. These numbers together should equal the total number reported in sub-section (8) above. For the purpose of this section, "resolved" means one in which ultimate liability has been determined, even though payments may be made beyond the reporting period.
- (10) Of the claims that were filed and/or resolved in the previous calendar year, the number that were resolved with a denial of compensability.
- (11) Of the claims that were filed and/or resolved in the previous calendar year, the number that were resolved at each of the following stages: before mediation, at or after mediation, at or after arbitration, at or after the appeals board, or at or after the court of appeals. If the 3201.5 or 3201.7 provision contains another dispute resolution procedure, whether instead of or in addition to arbitration or mediation, the report must identify the type of procedure, its stage in the overall alternate dispute resolution process, and the same respective information regarding the resolution of claims.
- (12) The title and case number of every application filed with the appeals board in the previous calendar year concerning a claim alleged by any party to fall within the 3201.5 or 3201.7 provision, regardless of whether the employee had the right to file such an application.
- (13) The title and court number of every civil action, including petitions for writs and injunctions in any court, state or federal, filed in the previous calendar year, that concerned a claim alleged by any party to fall within the 3201.5 or 3201.7 provision.

- (14) The number of injuries and illnesses reported on the United States Department of Labor OSHA Form No. 300 for those employees covered by the 3201.5 or 3201.7 provision. The same number multiplied by 200,000 and divided by hours worked (as reported in sub-section 6 above).
- (15) The number of employees covered by the 3201.5 or 3201.7 provision who participated in vocational rehabilitation.
- (16) If the 3201.5 or 3201.7 provision established a light-duty or return to work program, the number of employees who participated in that program.
- (17) For employers covered by a 3201.7 provision, an employee survey that measures worker satisfaction with the 3201.7 alternative dispute resolution procedures. The survey shall be designed and administered by agreement between the employer and the union.
- (c) In addition to the data above, the employer may include in its report any explanatory material, narrative account, or comment that the employer believes is necessary to understand the data.
- (d) Notwithstanding this section, all employers shall be subject to the reporting requirements of the Workers' Compensation Information System, Title 8, Cal. Code Regs., Section 9700 et seq.
- (e) The data obtained by the Administrative Director pursuant to Section 10203 shall be confidential and not subject to public disclosure under any law of this state. However, the Division of Workers' Compensation may create derivative works based on the collective bargaining agreements and data. Those derivative works shall not be confidential, but shall be public.

Authority: Sections 133, 3201.5, and 5307.3, Labor Code. Reference: Sections 3201.5, 3201.7, and 3201.9, Labor Code.

Section 10203.1. Aggregate Employer Annual Report (DWC Form GV-1).

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
Administrative Director
Post Office Box 420603
San Francisco, CA 94142
Telephone: (415) 703-4600

Aggregate Employer Annual Report

Labor Code §§ 3201.5 and 3201.7; Title 8, California Code of Regulations § 10203

For the 12 month period ending December 31, 20__.

The following information is being obtained by the Administrative Director pursuant to Labor Code §§ 3201.5 and 3201.7, and Title 8, California Code of Regulations Section 10203. This form shall be filed by on or before March 31 of every year by every employer or group of employers participating in a "carve-out" program under Labor Code §§3201.5 or 3201.7. The information provided on this form shall be for the 12 month period ending December 31 of the previous calendar year. The information shall be confidential and not subject to public disclosure under any law of this state. However, the Division of Workers' Compensation may create derivative works based on collective bargaining agreements and data. Those derivative works shall not be confidential, but shall be public.

For groups of employers that have received an above-reference letter of eligibility, information obtained from individual employers to provide the information required in this form shall be maintained by the administrator of the Section 3201.5 or 3201.7 program, or the contact person or persons identified in Title 8, California Code of Regulations § 10201(a)(1)(D) and (2)(B), or § 10202(d)(1)(C) and (2)(B). This information may be obtained using the form entitled "Individual Employer Reporting Data" (DWC Form GV-2) (Contained in Title 8, California Code of Regulations § 10203.2. Such information shall be available for inspection by the Administrative Director upon reasonable written request.

Name of Program:

Statute Authorizing Program (circle one): 3201.5 – Construction 3201.7 - Other

1. List all employers with FEIN numbers (Federal Employers Identification Numbers) doing business under the Section 3201.5 or 3201.7 agreement. If you need more space, use separate pages.

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance rock, sand, gravel, cement and asphalt operations surveying construction inspection

3201.7: education and health services financial activities government information leisure and hospitality manufacturing professional and business services transportation and utilities wholesale and retail trade other (specify)

DWC Form GV-1 (012004)

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance rock, sand, gravel, cement and asphalt operations heavy-duty mechanics surveying construction inspection

3201.7: education and health services leisure and hospitality

financial activities manufacturing

government information natural resources and mining

professional and business services

wholesale and retail trade othe

e other (specify)

transportation and utilities

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance heavy-duty mechanics

rock, sand, gravel, cement and asphalt operations surveying construction inspection

3201.7: education and health services financial activities leisure and hospitality manufacturing professional and business services

government information natural resources and mining transportation and utilities

wholesale and retail trade other (specify)

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance rock, sand, gravel, cement and asphalt operations surveying construction inspection

3201.7: education and health services financial activities leisure and hospitality manufacturing professional and business services

wholesale and retail trade

government information natural resources and mining transportation and utilities

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance rock, sand, gravel, cement and asphalt operations surveying construction inspection

other (specify)

3201.7: education and health services financial activities go leisure and hospitality manufacturing na professional and business services tra wholesale and retail trade other (specify)

government information natural resources and mining transportation and utilities

2. Name(s) of union(s) participating in the Section 3201.5 or 3201.7 agreement:

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8 C.C.R. §§ 10200 – 10204 (Emergency Regulations – Effective 4/22/04)

3. Dates that the Section 3201.5 or 3201.7 provision was in effect during the previous calendar year:				
Beginning date:	Ending date:			
4. Name of insurer(s):				
5. Insurance policy number(s):				
5a. If an employer is legally self-insured under authority of the Department of Industrial Relations' Office of Self-Insurance Plans, list certificate number and name:				
6. Name of administrator of ADR system:				
7. Address of administrator:				
8. Telephone number of administrator: ()				
9. Name of ombudsperson employed in an ADR system (if any):				
10. Address of ombudsperson:				
Telephone number of ombudsperson: (Note: If there is more than one ombudsperson, information).) attach additional sheets with the required			
12. Name of mediator employed in an ADR system (if any):				
13. Address of mediator:				
14. Telephone number of mediator: () (Note: If there is more than one mediator, attach additional sheets with the required information).				
15. Name of arbitrator employed in an ADR system (if a	any):			
16. Address of arbitrator:				
17. Telephone number of arbitrator: () (Note: If there is more than one arbiter, attach additional sheets with the required information).				
18. Total person hours worked by covered employees,	indicate by trade or craft:			
Trade: Trade: Trade: Trade: Trade: Trade:	Person Hours: Person Hours: Person Hours: Person Hours: Person Hours:			
DWC Form GV-1 (012004)				
8 C.C.R. §§ 10200 – 10204 (Emergency Regulations – Effective 4/22/04)				

Trade: Person Hours: Person Hours: Trade: Person Hours: Pe

(Note: If there are more trades represented, attach additional sheets with the required information on person hours worked.)

19. Attach payroll for the employer(s) in accordance with the rules of the Workers' Compensation Insurance Rating Bureau (WCIRB). Payroll shall be reported by class code as set by the WCIRB and provided in table format.

Questions 20 through 45 apply to claims filed in the previous calendar year pursuant to Labor Code §§ 5401 or 5402. For claims with a date of injury on or after January 1, 2003, the information reported shall be for the year in which the claim was filed, and the subsequent calendar years until the claim is resolved. However, information from no more than four calendar years (including the year the claim was filed) shall be reported on each claim.

- 20. Number of claims that were medical only:
- 21. Total amount of paid costs for medical only claims:
- 22. Total amount of incurred costs for medical only claims:
- 23. Number of claims that included a claim for indemnity:
- 24. Total amount of paid temporary disability for indemnity claims:
- 25. Total amount of incurred temporary disability for indemnity claims:
- 26. Total amount of paid permanent disability for indemnity claims:
- 27. Total amount of incurred permanent disability for indemnity claims:
- 28. Total amount of paid life pensions for indemnity claims:
- 29. Total amount of incurred life pensions for indemnity claims:
- 30. Total amount of paid death benefits for indemnity claims:
- 31. Total amount of incurred death benefits for indemnity claims:
- 32. Total amount of paid vocational rehabilitation for indemnity claims:
- 33. Total amount of incurred vocational rehabilitation for indemnity claims:
- 34. Total amount of paid medical services for indemnity claims:
- 35. Total amount of incurred medical services for indemnity claims:

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- 36. Total amount of paid medical legal expenses for indemnity claims:
- 37. Total amount of incurred medical legal expenses for indemnity claims:
- 38. Number of claims that were resolved (resolved means one in which ultimate liability has been determined, even though payments may be made beyond the reporting period):
- 39. Number of claims that remained unresolved:

Note: The numbers in questions 38 and 39 added together should equal the summation of the number of medical only claims (question 20) and indemnity claims (question 23).

- 40. The number of claims that were resolved with a denial of compensability:
- 41. The number of claims that were resolved before mediation:
- 42. The number of claims that were resolved at or after mediation:
- 43. The number of claims that were resolved at or after arbitration.

Note: For employers, or group of employers, who utilize a alternative dispute resolution system that includes resolution procedures in addition to or in place of mediation and/or arbitration, please identify on an attachment each resolution procedure used and the number of claims that were resolved using that procedure.

- 44. The number of claims that were resolved at or after the Workers' Compensation Appeals Board (WCAB):
- 45. The number of claims that were resolved at or after the court of appeals:
- 46. Provide the title and number of every application filed with the WCAB during the previous calendar year concerning the claim alleged by any party to fall within the Section 3201.5 or 3201.7 provision, regardless of whether the employee had the right to file such a application (example in italics):

Title: Jane Doe vs. ABC Co Number: SFO 0123456 Title: Number: Title: Number: Title: Number: Title: Number: Title: Number: Title: Number:

Note: If there are more applications, attach additional sheets with the required information.

47. Provide the title and court number of every civil action, including petitions for writs and injunctions in any court, state or federal, filed in the previous calendar year, that concerned a claim alleged by any party to fall within the Section 3201.5 or 3201.7 provision (example in italics):

Title: Jane Doe vs. ABC Co
Title: Number: Alameda County No 3 76052
Title: Number:
Title: Number: Title: Number:
Title: Number: Title: Number: Number:

DWC Form GV-1 (012004)

8 C.C.R. §§ 10200 – 10204 (Emergency Regulations – Effective 4/22/04) Title: Number: Title: Number: Title: Number: Title: Number: Title: Number: Number: Title: Number: Numb

Note: If there are more civil actions, attach additional sheets with the required information.

- 48. The number of injuries and illnesses reported in the previous calendar year on the United States Department of Labor OSHA Form No. 300 for those employees covered by the Section 3201.5 or 3201.7 provision:
- 49. The number of employees covered by the Section 3201.5 or 3201.7 provision who participated in vocational rehabilitation:
- 50. The number of employees covered by the Section 3201.5 or 3201.7 provision who participated in a light duty program or modified return to work programs established under Section 3201.5 or 3201.7:
- 51. For an employer, or group of employers, who is covered by a 3201.7 provision, please provide an employee survey that measures worker satisfaction with the applicable 3201.7 alternative dispute resolution procedures. The survey shall be designed and administered by agreement between the employer and the union.
- 52. Please attach any explanatory material, narrative account or comment that you believe would enable the Division to understand your response(s).

Programs are encouraged to submit updated information covering prior calendar year claims reported to Division of Workers' Compensation.

DWC Form GV-1 (012004)

Authority: Sections 133, and 5307.3, Labor Code.

Reference: Sections 3201.5, 3201.7, and 3201.9, Labor Code.

Section 10203.2. Individual Employer Annual Report (DWC Form GV-2).

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
Administrative Director
Post Office Box 420603
San Francisco, CA 94142
Telephone: (415) 703-4600

Individual Employer Annual Report

Labor Code §§ 3201.5 and 3201.7; Title 8, California Code of Regulations § 10203

For the 12 month period ending December 31, 20 .

The following information is being obtained by the Administrative Director pursuant to Labor Code §§ 3201.5 and 3201.7, and Title 8, California Code of Regulations Section 10203. An individual employer who is participating in a Section 3201.5 or 3201.7 program with a group of employers shall provide the information requested in this form to the administrator of the Section 3201.5 or 3201.7 program, or the contact person or persons identified in Title 8, California Code of Regulations § 10201(a)(1)(D) and (2)(B) or §10202(d)(1)(C) or (2)(B). The information provided to the program shall be confidential and not subject to public disclosure under any law of this state. However, the Division of Workers' Compensation may create derivative works based on collective bargaining agreements and data. Those derivative works shall not be confidential, but shall be public. The information provided by the employer shall be maintained by the administrator of the program and is available for inspection by the Administrative Director upon reasonable written request.

Name of Program:

Statute Authorizing Program (circle one): 3201.5 – Construction 3201.7 - Other

1. Employer Information.

Name:

FEIN:

Principal business of employer (please circle one or more):

3201.5: construction maintenance rock, sand, gravel, cement and asphalt operations surveying construction inspection

3201.7: education and health services financial activities government information natural resources and mining professional and business services transportation and utilities wholesale and retail trade other (specify)

2. Name of union participating in the Section 3201.5 or 3201.7 agreement:

DWC Form GV-2 (012004)

3. Dates that the Section 3201.5 or 3201.7 provision was in effect during the previous calendar year:					
Beginning date:	Ending date:				
4. Name of insurer:					
5. Insurance policy number:					
5a. If an employer is legally self-insured under authority of the Department of Industrial Relations' Office of Self-Insurance Plans, list certificate number and name:					
6. Attach payroll in accordance with the rules of the Workers' Compensation Insurance Rating Bureau (WCIRB). Payroll shall be reported by class code as set by the WCIRB and provided in table format.					
7. Total person hours worked by covered employees, indicate by trade or craft:					
Trade:	Person Hours:				
Trade:	Person Hours:				
Trade:	Person Hours:				
(Note: If there are more trades represented, attach additional sheets with the required information on person hours worked.)					
Questions 8 through 27 apply to claims filed in the previous calendar year pursuant to Labor Code §§ 5401 or 5402. For claims with a date of injury on or after January 1, 2003, the information reported shall be for the year in which the claim was filed, and the subsequent calendar years until the claim is resolved. However, information from no more than four calendar years (including the year the claim was filed) shall be reported on each claim.					
8. Number of claims that were medical only:					
9. Total amount of paid costs for medical only claims:					
10. Total amount of incurred costs for medical only claims:					
11. Number of claims that included a claim for indemnity:					
12. Total amount of paid temporary disability for indemnity claims:					
13. Total amount of incurred temporary disability for indemnity claims:					

14. Total amount of paid permanent disability for indemnity claims:

15. Total amount of incurred permanent disability for indemnity claims:

16. Total amount of paid life pensions for indemnity claims:

DWC Form GV-2 (012004)

- 17. Total amount of incurred life pensions for indemnity claims:
- 18. Total amount of paid death benefits for indemnity claims:
- 19. Total amount of incurred death benefits for indemnity claims:
- 20. Total amount of paid vocational rehabilitation for indemnity claims:
- 21. Total amount of incurred vocational rehabilitation for indemnity claims:
- 22. Total amount of paid medical services for indemnity claims:
- 23. Total amount of incurred medical services for indemnity claims:
- 24. Total amount of paid medical legal expenses for indemnity claims:
- 25. Total amount of incurred medical legal expenses for indemnity claims:
- 26. Number of claims that were resolved (resolved means one in which ultimate liability has been determined, even though payments may be made beyond the reporting period):
- 27. Number of claims that remained unresolved:

Note: The numbers in questions 26 and 27 added together should equal the summation of the number of medical only claims (question 8) and indemnity claims (question 11).

- 28. The number of claims that were resolved with a denial of compensability:
- 29. The number of claims that were resolved before mediation:
- 30. The number of claims that were resolved at or after mediation:
- 31. The number of claims that were resolved at or after arbitration.

Note: For employers who utilize a alternative dispute resolution system that includes resolution procedures in addition to or in place of mediation and/or arbitration, please identify on an attachment each resolution procedure used and the number of claims that were resolved using that procedure.

- 32. The number of claims that were resolved at or after the Workers' Compensation Appeals Board (WCAB):
- 33. The number of claims that were resolved at or after the court of appeals:
- 34. Provide the title and number of every application filed with the WCAB during the previous calendar year concerning the claim alleged by any party to fall within the Section 3201.5 or 3201.7 provision, regardless of whether the employee had the right to file such a application (example in italics):

Title: Jane Doe vs. ABC Co Number: SFO 0123456

Title: Number:

Note: If there are more applications, attach additional sheets with the required information.

DWC Form GV-2 (012004)

35. Provide the title and court number of every civil action, including petitions for writs and injunctions in any court, state or federal, filed in the previous calendar year, that concerned a claim alleged by any party to fall within the Section 3201.5 or 3201.7 provision (example in italics):

Title: Jane Doe vs. ABC Co Number: Alameda County No 3 76052

Title: Number:

Note: If there are more civil actions, attach additional sheets with the required information.

- 36. The number of injuries and illnesses reported in the previous calendar year on the United States Department of Labor OSHA Form No. 300 for those employees covered by the Section 3201.5 or 3201.7 provision:
- 37. The number of employees covered by the Section 3201.5 or 3201.7 provision who participated in vocational rehabilitation:
- 38. The number of employees covered by the Section 3201.5 or 3201.7 provision who participated in a light duty program or modified return to work programs established under Section 3201.5 or 3201.7:
- 39. Please attach any explanatory material, narrative account or comment that you believe would enable the Division to understand your response(s).

Programs are encouraged to submit updated information covering prior calendar year claims reported to Division of Workers' Compensation.

DWC Form GV-2 (012004)

Authority: Sections 133, and 5307.3, Labor Code.

Reference: Sections 3201.5, 3201.7, and 3201.9, Labor Code.

Section 10204. Annual Reports.

- (a) On or before March 31 of every year, the parties covered by the 3201.5 or 3201.7 provision shall submit updated copies of the documents and other evidence required by Section 10201 or Section 10202. However, if certain documents and other evidence are completely unchanged since the previous submission, the party responsible for submitting the annual update may instead submit a statement under penalty of perjury that there has been no change in the document or evidence since the previous submission. The Administrative Director may nonetheless require any party to submit the actual documents or evidence.
- (b) If the parties have not submitted the updated documents required by this section, or if the employer has not timely submitted the data required by Section 10203 the Administrative Director may, after notice and an opportunity to respond, either: (1) revoke a letter of eligibility issued pursuant to Labor Code section 3201.5; (2) revoke the recognition given to the labor-management agreement negotiated pursuant to Labor Code section 3201.7; or (3) take such other steps as he or she deems necessary to secure the parties' compliance with reporting requirements.

Authority: Sections 133, 3201.5, and 5307.3, Labor Code. Reference: Sections 3201.5, 3201.7, and 3201.9, Labor Code.